

| | | | | | | | |
|--|--|---|----------------------|--|-----------------------------|--|---|
| <input type="checkbox"/> JUVENILE INVOLVED | | UNIFORM ARREST/BOOKING FORM | | Arrest# _____ | | Beat# <u>02</u> | |
| | | | | MNI# _____ | | Grid# <u>05</u> | |
| Case# <u>05-034059</u> | | | | | | | |
| BILOXI <input checked="" type="checkbox"/> | | GULFPORT <input type="checkbox"/> | | LONG BEACH <input type="checkbox"/> | | PASS CHRISTIAN <input type="checkbox"/> | |
| D'IBERVILLE <input type="checkbox"/> | | HARRISON COUNTY <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | <u>84937SL9</u> | |
| Full Name of Person Arrested (Last, First, Middle) <u>ALAN WIDHR 8/14</u> | | | | Alias, Maiden, or Nickname <u>Sullivan, Manuel</u> | | | |
| Address of Defendant <u>156 Alexander Blvd, MS 39530</u> | | | | Home Telephone Number <input type="checkbox"/> None () | | | |
| DL State <u>GA</u> | DL Number <u>057819720</u> | <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Suspended | | DL Type <input checked="" type="checkbox"/> Operators <input type="checkbox"/> Commercial | DL Expiration Date _____ | | |
| Occupation and Employer <input checked="" type="checkbox"/> Unemployed | | | | Social Security Number <input type="checkbox"/> Same as DL | | | |
| Age <u>54</u> | Sex <u>M</u> | Race <u>B</u> | Height <u>603</u> | Weight <u>170</u> | Hair <u>BLK</u> | Eyes <u>BRO</u> | Scars, Birth Marks, Tattoos, Amputations _____ |
| Date of Birth <u>09/05/51</u> | Place of Birth (City & State) <u>Albany, GA</u> | | | Contact in Event of Emergency _____ | | Relationship _____ | |
| Contact's Address _____ | | Street / House Number _____ | | City / State _____ | | Home Telephone Number () _____ | |
| | | | | | | Business Telephone Number () _____ | |
| Date of Arrest | | Day of Arrest S M Tu W Th Fr Sa | | Time of Arrest | | Location of Arrest | |
| | | | | | | PLEA | |
| Charge / Offense <u>Riding Bicycle w/o Light</u> | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic | | Date of Offense | | Court Date / Time | |
| | | | | | | Bond Amount <u>80.00</u> | |
| Charge / Offense <u>Possession of Marijuana</u> | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic | | Date of Offense | | Court Date / Time | |
| | | | | | | Bond Amount <u>150.00</u> | |
| Charge / Offense <u>Public Drunk</u> | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic | | Date of Offense | | Court Date / Time | |
| | | | | | | Bond Amount <u>100.00</u> | |
| Charge / Offense <u>Disobedience - Refusal to</u> | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic | | Date of Offense | | Court Date / Time | |
| | | | | | | Bond Amount <u>100.00</u> | |
| C S <input type="checkbox"/> Released - NO Charge <input type="checkbox"/> County Jail <input type="checkbox"/> Family Court | | U S <input type="checkbox"/> Released - Summons <input type="checkbox"/> Juvenile Shelter <input checked="" type="checkbox"/> Municipal Court | | Check All Items That Apply | | Bond Authorized By | |
| S A <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention | | T O <input type="checkbox"/> Bond Company | | Judicial <input type="checkbox"/> 1st <input type="checkbox"/> 2nd | | Total Bond <u>739.00</u> | |
| D U <input type="checkbox"/> Cash Bail Receipt # _____ | | y <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery | | <input type="checkbox"/> Drinking <input type="checkbox"/> Cooperative | | Judge _____ | |
| | | | | <input checked="" type="checkbox"/> Drunk <input checked="" type="checkbox"/> Resistant | | HCSO _____ | |
| | | | | <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Belligerent | | Municipal Court _____ | |
| Arresting Officer (ID # and Name) <u>180 Manning</u> | | Assisting Officer(s) (ID # and Name) _____ | | Transporting Officer (ID # and Name) <u>180 Manning</u> | | | |
| How was Arrest Made? <input type="checkbox"/> On View <input type="checkbox"/> On Call <input type="checkbox"/> Warrant | | Other Persons Arrested for Same Offense <input type="checkbox"/> None | | | | | |
| Judge _____ | | Date of Warrant _____ | | | | | |
| Officer Fingerprinting & Photographing | | Property Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Telephone Call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | | Detective Notified <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual Armed <input type="checkbox"/> Yes <input type="checkbox"/> No | | Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | # Called: _____ | | Name: _____ | |
| Weapon: _____ | | By _____ | | Hold Placed On Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Defendants Rights Given By _____ | | Date _____ Time _____ Place _____ | | Witness(es) _____ | | Name: _____ | |
| | | | | | | <input type="checkbox"/> Verbal <input type="checkbox"/> Form | |
| Detention Date/Time <u>100405</u> | | Officer (# & Name) _____ | | Property _____ | | Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Facility _____ | | | | # Called: _____ | | Court Clerk Use Only | |
| Adult Detention <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/> | | Cell _____ | | Fingerprints Yes <input type="checkbox"/> No <input type="checkbox"/> | | Docket #: <u>277592</u> | |
| Release Date/Time <u>100405</u> | | Officer (# & Name) <u>21</u> | | Mug Shot Taken Yes <input type="checkbox"/> No <input type="checkbox"/> | | Line # _____ | |
| Release Status (Bond/for Time Served, Etc.) <u>012 % Henry</u> | | Sheriff's Receipt # <u>12</u> | | | | Book # _____ | |
| NOC- <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit | | NOCIS # _____ | | Charges _____ | | DOC _____ | |
| DOC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit | | <input type="checkbox"/> Probation <input type="checkbox"/> Parole | | County _____ | | Agency _____ | |
| Old Fines <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit | | Amount _____ | | Total Days Given _____ | | Case Supervisor _____ | |
| Juvenile Parent or Guardian Name _____ | | Address _____ | | Street / House Number _____ | | City / State _____ | |
| | | | | | | Telephone # _____ | |
| | | | | | | Contacted By _____ | |

Exhibit
1

HARRISON COUNTY SHERIFF'S DEPARTMENT


GEORGE PAYNE, SHERIFF

| | | | |
|---|----------------------------------|---|-------------------------|
| <input type="checkbox"/> Juvenile Involved | Harrison County Sheriff's Office | | Case # |
| <input checked="" type="checkbox"/> Original Report | NARRATIVE FORM | | |
| <input type="checkbox"/> Offense Supplement | Incident/Crime: | Date of This Report | Date of Original Report |
| <input type="checkbox"/> Custody Supplement | Combative Detainee | 10/04/05 | 10/04/05 |
| <input type="checkbox"/> RVR Supplement | Suspect / Victim Name: | List Complaint Numbers of Connected Cases | |
| | Alkhidhr, Only | Dockets: | |

On October 4th, 2005 at about 0415 hours, Biloxi Police Officer Manning brought detainee Only Alkhidhr into booking to be processed on several misdemeanor charges. Detainee Alkhidhr appeared to be resistive and belligerent towards Officer Manning, but seemed to be cooperative towards Booking Deputies. Deputy Windham performed a pat-down search of detainee Alkhidhr, and then led him with Deputy Thompson to the booking shower to be dressed out. Upon entering the shower, detainee Alkhidhr fell to the floor. Deputy Thompson ordered detainee Alkhidhr to stand up and remove his clothing. Detainee Alkhidhr refused, and simply sat in an upright position on the floor. Deputy Thompson again ordered detainee Alkhidhr to stand up. Detainee Alkhidhr told Deputy Thompson, "No, you get me up". As Deputy Thompson began to order detainee Alkhidhr to stand up again, he reached out and grabbed Deputy Thompson's inner upper thigh. Deputy Thompson then struck detainee Alkhidhr in the Brachial Plexus Origin. Detainee Alkhidhr then pushed Deputy Thompson back, and stood to his feet. Detainee Alkhidhr took a low stance fighting style posture, and grabbed Deputy Thompson's left arm. Deputy Thompson then struck detainee Alkhidhr two times in the Brachial Plexus Origin. Detainee Alkhidhr then spun around and fell into the booking shower control handle while still holding on to Deputy Thompson's arm, which pulled Deputy Thompson down on top of him. At this point Deputy Moore administered an approximate one second burst of oleoresin capsicum to detainee Alkhidhr's facial region, which had no effect. Detainee Alkhidhr continued to struggle in an effort to gain control over Deputy Thompson by attempting to rise on all fours to throw Deputy Thompson off of him. Deputy Thompson continued to gain control over detainee Alkhidhr's arms as Deputy Moore struck detainee Alkhidhr in the common peroneal nerve. Detainee Alkhidhr then lay flat on the floor, and was secured in handcuffs. Detainee Alkhidhr was screened by medical and treated for injuries. Detainee Alkhidhr then cooperated and dressed himself out in county clothing and was placed in holding cell five without further incident. End of Narrative

DISPOSITION

- A. Cleared Adult Arrest ☐
 B. Cleared Exceptional Adult ☐
 C. Cleared Juvenile Custody ☐
 D. Cleared Exceptional Juvenile ☐
 E. Unfounded ☐
 F. Other-Cleared Exceptional ☐
 G. Suspended Closed ☐

| | | | |
|--|---------------|----------------------|------------------|
| Reporting Officer:  | Division: | Reviewing Supervisor | Disposition Date |
| No: 186 Name: Moore | HCADC-Booking | No: Name: | |

Harrison County Adult Detention Center
George Payne, Sheriff
Use of Force Report

| Pressure Point Control Target Areas | Chemical Spray Target Area |
|--|---|
| | |
| Effects of Chemical Spray | |
| 26) Was Spray Effective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Were Further Control Methods Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of Times Sprayed: <u>01</u> | Approximate distance from subject: <u>3 FT</u> |
| Eyes: <input type="checkbox"/> closure <input type="checkbox"/> tears <input checked="" type="checkbox"/> No effect | Skin: <input type="checkbox"/> Redness <input type="checkbox"/> Burning <input checked="" type="checkbox"/> No effect |
| Nose: <input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input checked="" type="checkbox"/> No effect | Chest: <input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing |
| O.C. Spray administrative warning? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time: <u>4:30</u> | |
| Decontamination: Start Time: <u>4:25</u> End Time: <u>4:30</u> | |

P.P. --- Pressure point
 HEH --- Hard empty hand
 I.W. --- Impact Weapon

Variables affecting levels of control
 1. Officer / subject size and gender
 2. Environmental conditions and totality of circumstances
 3. Reaction time

This section to be completed by Medical staff only!

27) Injuries Sustained by officer:

☐ yes ☒ No

Explain: _____

28) Injuries Sustained by Inmate:

☒ yes ☐ No Explain: bloody nose, skin tear to bridge of nose, contusion to R eye & between eyes

29) Location of Examination: Booking Shower

Time of Examination: 0415

30) Examined by:

Staff Name: C. McCarroll

Badge #: _____

31) Medical treatment administered:

☒ Yes ☐ No

Explain: Cleaned E NS & 4x4s, pressure applied to nose

32) Signature of Physician: _____

33) Narrative:

34) Inmate Classification:

☐ Juvenile ☐ Minimum security ☐ Medium ☐ Maximum security ☐ Inmate worker

35) Reviewing Shift Lieutenant:

No. _____ Name: _____

Division: _____

36) Disposition:

☐ Closed ☐ Open ☐ Under review

Inmate file _____ Director of Corrections _____ Captain of Security _____ Inmate medical file _____ Shift Records _____ Officer file _____

Booking Intake Medical Questionnaire

Officer Observations

- | | | |
|----|--|---|
| 1. | Obvious pain / bleeding / injury requiring medical treatment / illness | Yes / <input checked="" type="radio"/> No |
| 2. | Taken to hospital prior to intake | Yes / <input checked="" type="radio"/> No |
| 3. | Appears under the influence of alcohol / drugs | Yes / <input checked="" type="radio"/> No |
| 4. | Visible sign of alcohol / drug withdrawal | Yes / <input checked="" type="radio"/> No |
| 5. | Difficulty understanding questions or spoken language | Yes / <input checked="" type="radio"/> No |
| 6. | Experiencing / demonstrating / exhibiting signs of anger - hostility depression - disorientation - lifeless reaction - hearing voices | Yes / <input checked="" type="radio"/> No |
| 7. | Have scars on wrists - legs - neck (possibly self - inflicted) | Yes / <input checked="" type="radio"/> No |

Inmate Questions

- | | | |
|----|---|---|
| 1. | Have you ever had TB/Seizures/Diabetes/Hypertension/Heart Disease/Cancer/Asthma | Yes / <input checked="" type="radio"/> No |
| 2. | Physical disability | Yes / <input checked="" type="radio"/> No |
| 3. | Mental health problem | Yes / <input checked="" type="radio"/> No |
| 4. | Allergies | Yes / <input checked="" type="radio"/> No |
| 5. | Suicidal ideas or attempted suicide | Yes / <input checked="" type="radio"/> No |
| 6. | Prescriptions or medications with inmate | Yes / <input checked="" type="radio"/> No |

PLEASE CALL MEDICAL IF ANY OF THE ABOVE ANSWERS ARE "YES"

Date: 100405

Inmate Name (print): Alkhidhr only

Inmate Signature: [Signature]

Officer Signature: [Signature] Badge # 226

This form is to be stapled to the current printed booking screen for pickup by medical

HEALTH ASSURANCE LLC

CONSENT TO TREATMENT FORM

Alkhailo, Only
NAME OF INMATE

10-4-05
DATE

277592-9-9-51
INMATE #/DOB

I hereby give my consent to Health Assurance LLC, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Health Assurance LLC.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Health Assurance LLC, its employees and agents from any and all liability which may arise from this action.

[Signature]
INMATE SIGNATURE

10-4-05
DATE

[Signature]
WITNESS

WITNESS

D.O.B. 9-9-51

[illegible]

MASTER PROBLEM LIST

I BLOOD BORNE DISEASE/PATHOGEN

PLAN (1) SCREENING HIV AND RPR ON ALL INMATES.

(2) TX ACCORDING TO CDC RECOMMENDATION IF INDICATED

II HIGH RISK FOR TB

PLAN (1) TB SKIN TEST AT ADMISSION AND ANNUALLY

III UPPER RESPIRATORY INFECTION

PLAN (1) ASSESS BY MD ON SICK CALL

(2) INCREASE FLUIDS

(3) TYLENOL OR IBUPROFEN FOR HIGH TEMP

(4) ROBITUSSIN DM 1 OR 2 TEASPOON 4-6 HRS FOR COUGH

(5) OTHER NEEDS AS ORDERED BY MD

IV ATHLETES FOOT FUNGUS

PLAN (1) ANTIFUNGAL CREAM TO FEET BID X 14 DAYS

V TINEA VERSICOLOR

PLAN (1) SELSIMUM LOTION TO SKIN DAILY X 14 DAYS

MENTAL ILLNESS: (A) DEPRESSION (B) SCHIZOPHRENIA (C) MANIA AND (D) SUICIDAL

PLAN (1) CONSULT STAFF PSYCHOLOGIST FOR EVAL

(2) ISOLATE AND SUICIDE PRECAUTIONS IF INDICATED

(3) MEDICATIONS AS ORDERED BY MD

1. DIABETES MELLITUS

PLAN (1) ASSESS BY MD IN SICK CALL

(2) 2600 CALORIES ADA DIET

IF IDDM-OR-1800 CALORIES ADA DIET IF NIDDM

(3) IF IDDM, FBS EVERY MORNING AND AT 4:00 PM,

FBS EVERY MONTH IF STABLE FOR NIDDM

(4) MEDS AS ORDERED BY MD

2. HYPERTENSION

PLAN (1) BP CHECKS EVERY WEEK

(2) MEDS AS ORDERED BY MD

(3) LOW SODIUM DIET IF ORDERED BY MD

3. SEIZURE

4. HIV

5. ASTHMATIC

6. TB

HEALTH SERVICES ADMINISTRATOR

Revised 6/2004

| | | |
|----------------------------|---|----------------|
| Name _____ | Last _____ First _____ Middle Initial _____ | AIS # _____ |
| Date _____ | Allergies _____ | Facility _____ |
| SIG. _____ | | Discontinue |
| Physician Signature: _____ | | Continue |
| | | Increase |
| | | Decrease |

N

| | | |
|----------------------------|---|----------------|
| Name _____ | Last _____ First _____ Middle Initial _____ | AIS # _____ |
| Date _____ | Allergies _____ | Facility _____ |
| SIG. _____ | | Discontinue |
| Physician Signature: _____ | | Continue |
| | | Increase |
| | | Decrease |

N

| | | |
|----------------------------|---|----------------|
| Name _____ | Last _____ First _____ Middle Initial _____ | AIS # _____ |
| Date _____ | Allergies _____ | Facility _____ |
| SIG. _____ | | Discontinue |
| Physician Signature: _____ | | Continue |
| | | Increase |
| | | Decrease |

N

| | | |
|--|---|-----------------------|
| Name <u>Alphabetic, Only</u> | Last _____ First _____ Middle Initial _____ | AIS # <u>277592</u> |
| Date <u>10-4-05</u> | Allergies _____ | Facility <u>CJ</u> |
| SIG. <u>1.0. Send to MHC for Eval + try. (✓ abdomen)</u> | | Discontinue |
| Physician Signature: <u>Compton / B. Lee</u> | | Continue <u>noted</u> |
| | | Increase |
| | | Decrease |

N

HEALTH ASSURANCE LLC

NURSES NOTES

| DATE | TIME | | | | | | | | | | | | | |
|--|-----------|--|----------------|-----------------|-----------|-----------|---------------|-----------|--|-----|--|--|-----------------|----------------|
| 10-4-05 | 0420 | Assessed in booking. I/M lying on Shower room floor, unable to answer any questions appropriately, speech slurred, smells of alcohol, stated he "smoked some dope" to officers earlier. Skin tears to bridge of nose, bloody nose, contusion to (R) eye + between eyes; cleansed face & N/S + 4x4s. Applied pressure to nose, bleeding stopped. Stumbling while walking to holding cell, unable to sit upright in cell, leaning against wall/window, yelling @ officers. Will assess PRN. M/C (amir) | | | | | | | | | | | | |
| 10:30 | | Seen in booking. Gross swelling noted on forehead, and in peri-orbital region. Bridge of nose noted a laceration and edema. Inmate's lips are swollen. Inmate C/O N/V. Spitting up blood tinged sputum. Still very intoxicated. C/O abd. pain. M.D. notified. T.O. Send to Med G & R for eval + tx. <i>Blanco J</i> | | | | | | | | | | | | |
| 10:40 | | Transport notified. <i>Blanco J</i> | | | | | | | | | | | | |
| <table border="0"> <tr> <td>INITIAL</td> <td>SIGNATURE</td> <td>INITIAL</td> <td>SIGNATURE</td> <td>INITIAL</td> <td>SIGNATURE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><i>Blanco J</i></td> <td></td> </tr> </table> | | | INITIAL | SIGNATURE | INITIAL | SIGNATURE | INITIAL | SIGNATURE | | | | | <i>Blanco J</i> | |
| INITIAL | SIGNATURE | INITIAL | SIGNATURE | INITIAL | SIGNATURE | | | | | | | | | |
| | | | | <i>Blanco J</i> | | | | | | | | | | |
| <table border="0"> <tr> <td>NAME- LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td>ALLERGIES</td> </tr> <tr> <td>Alkhdhr, Only</td> <td></td> <td></td> <td>NKA</td> </tr> <tr> <td colspan="3"></td> <td>INMATE # 27592</td> </tr> </table> | | | NAME- LAST | FIRST | MIDDLE | ALLERGIES | Alkhdhr, Only | | | NKA | | | | INMATE # 27592 |
| NAME- LAST | FIRST | MIDDLE | ALLERGIES | | | | | | | | | | | |
| Alkhdhr, Only | | | NKA | | | | | | | | | | | |
| | | | INMATE # 27592 | | | | | | | | | | | |